

NIH INTRAMURAL RESEARCH TRAINING AWARD PROGRAM
IRTA Fellowship Agreement

In accepting this IRTA Fellowship, I certify that I have read the "Statement of IRTA Program Provisions" and agree to comply with the terms outlined:

A. PROGRAM ELIGIBILITY

1. I am a U.S. citizen or resident alien (enclose copy of Alien Registration (green) card).
2. I meet the educational and professional experience requirements for participation in the IRTA Program.

B. DURATION

I understand that my initial IRTA Fellowship commitment is for _____ years beginning _____ and ending _____, and that renewal beyond the initial commitment is contingent upon satisfactory progress in the training assignment and mutual agreement between myself and appropriate _____ officials. I further understand that the maximum duration of the IRTA Program is three years.

C. STIPENDS AND BENEFITS

1. I will have adequate health insurance coverage either through the Foundation for Advanced Education in the Sciences, Inc. (FAES) or through another private plan. Payments or reimbursement from NIH will be limited to the cost of FAES low option coverage, and will be provided only if the policy is issued in my name. If my Fellowship begins on a day other than the first calendar day of the month, I understand that I must pay the premium for the partial month myself.
2. I understand that since I am not an employee of the Government, I am not entitled to worker's compensation or to coverage and benefits under 5 U.S.C. 8109(1)(B) for work-related injuries.
3. Since I will receive a stipend check at the beginning of the current month, I will immediately notify my training preceptor and other appropriate officials of any change in my status and also agree to reimburse the U.S. Government for any days (other than excused absences) for which I have already been paid but will not work.
4. To obtain reimbursement for travel to NIH to begin my Fellowship, I will provide the ticket coupon for travel by commercial carrier (e.g., bus, train, air) or odometer readings for travel by private automobile, and lodging receipts, if any. I understand that such reimbursement will be in accordance with governing Government regulations.
5. I will seek advance approval for travel to attend scientific meetings or for training directly related to the purpose of my IRTA Fellowship. I understand that the authorization of such allowances is discretionary, and must be in accordance with governing Government regulations.

D. DEDUCTIONS

1. I understand that I am not eligible for coverage under the Federal Employees Retirement System, Social Security, or Medicare and that deductions for these programs will not be made from my stipend.
2. I understand that my IRTA Fellowship is subject to Federal, state, and local income taxes. As required, I will file quarterly estimated returns with the appropriate agencies.

E. LEAVE OF ABSENCE AND OUTSIDE WORK

I will seek advance approval from my training preceptor for any excused leave of absence, and will seek advanced approval from my preceptor and other appropriate officials to engage in outside employment.

F. PUBLICATIONS AND PATENTS

1. I will seek advice from my preceptor and request clearance for any publication resulting from my Fellowship in compliance with NIH's publication policies.
2. I will be bound by all provisions of Executive Order 10096, and any orders, rules, regulations or the like issued thereunder wherein NIH determines the rights of the Government and the IRTA Fellow in and to inventions conceived or actually reduced to practice during the period of the Fellowship. Furthermore, I will promptly disclose to my preceptor and other appropriate officials all inventions that are conceived or first reduced to practice during the term of my IRTA Fellowship at NIH, and will sign and execute all papers necessary to convey to the Government the rights to which the Government is entitled in accordance with any determination made under the provisions of Executive Order 10096.

G. OTHER ADMINISTRATIVE REQUIREMENTS

While on the premises of NIH, I will conform to all applicable administrative instructions and requirements of NIH and the Department of Health and Human Services, including all regulations and procedures concerning conduct, safety, and animal care.

Signature of IRTA Fellow

Date